PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

10252-0020

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT                         |                                                                      |                                           |                                  |                         |                                 |                                         |                     |                        |    |                     |                        |                       |  |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|----------------------------------|-------------------------|---------------------------------|-----------------------------------------|---------------------|------------------------|----|---------------------|------------------------|-----------------------|--|
| TOTAL CLAIMS                                                             |                                                                      |                                           | 56                               |                         |                                 |                                         | RATE                | FEE                    |    | RATE                | FEE                    | <u> </u>              |  |
| FOR                                                                      |                                                                      |                                           | NUMBER FILED                     |                         | NUMB                            | ER EXTRA                                | BASIC FEE           | 355.00                 | OR | BASIC FEE           | 710.00                 | _                     |  |
| TO                                                                       | TAL CHARGEAE                                                         | BLE CLAIMS                                | 56 minus 20= * 3                 |                         |                                 |                                         | X\$ 9=              | 324                    | OR | X\$18=              |                        | 36                    |  |
| IND                                                                      | EPENDENT CL                                                          | AIMS                                      | 8 minus 3 = 5                    |                         |                                 |                                         | X40=                | 200                    | OR | X80=                | 10                     | 36<br>18<br>288<br>36 |  |
| MU                                                                       | LTIPLE DEPEN                                                         | DENT CLAIM P                              | RESENT                           |                         |                                 |                                         | +135=               |                        | OR | +270=               |                        |                       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                      |                                           |                                  |                         |                                 |                                         | TOTAL               | 879                    | OR | TOTAL               |                        | 8.48                  |  |
| CLAIMS AS AMENDED - PART II OTHER                                        |                                                                      |                                           |                                  |                         |                                 |                                         |                     |                        |    |                     | <b>1</b>               |                       |  |
|                                                                          |                                                                      | (Column 1)                                |                                  |                         | mn 2)                           | (Column 3)                              | SMALL               | ENTITY                 | OR | SMALL               | ENIIIY                 | ]                     |  |
| AMENDMENT A                                                              |                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | NUM<br>PREVI            | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE | <b>.</b>              |  |
|                                                                          | Total                                                                | *                                         | Minus                            | **                      |                                 | =                                       | X\$ 9=              |                        | OR | _X\$18=             |                        |                       |  |
|                                                                          | шаоронаон                                                            | * = = = = = = = = = = = = = = = = = = =   | Minus                            | ***                     |                                 | -                                       | X40=                |                        | OR | X80=                |                        |                       |  |
| L                                                                        | FIRST PRESE                                                          | NTATION OF M                              | ULTIPLE DE                       | PENDEN                  | T CLAIN                         |                                         | +135=               |                        | OR | +270=               |                        |                       |  |
|                                                                          |                                                                      |                                           |                                  |                         |                                 |                                         | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE |                        | ď                     |  |
|                                                                          | (Column 1) (Column 2) (Column 3)                                     |                                           |                                  |                         |                                 |                                         |                     |                        | •  | ADDIT. FEE          |                        | 1 >                   |  |
| AMENDMENT B                                                              |                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIG<br>NUI<br>PREV      | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE | CO                    |  |
|                                                                          | Total                                                                | •                                         | Minus                            | **                      |                                 | =                                       | X\$ 9=              |                        | OR | X\$18=              |                        |                       |  |
|                                                                          | Independent                                                          | *                                         | Minus                            | ***                     |                                 | = -                                     | X40=                |                        | OR | X80=                | <u>:</u> -             | ILABIE                |  |
|                                                                          | FIRST PRESE                                                          | NTATION OF N                              | IULTIPLE DE                      | EPENDEN                 | IT CLAIN                        |                                         | +135=               |                        | OR | +270=               |                        |                       |  |
|                                                                          |                                                                      |                                           |                                  |                         |                                 |                                         | TOTAL               |                        | OR | L. TOTAL            |                        | EST AVA               |  |
|                                                                          |                                                                      | (Column 1)                                |                                  | (Coli                   | umn 2)_                         | (Column 3)                              | ADDIT. FEE          |                        |    | ADDII. FEE          |                        |                       |  |
|                                                                          |                                                                      | (Column 1)<br>CLAIMS                      |                                  |                         | HEST                            | Columno                                 |                     | ADDI                   | 1  |                     | ADDI-                  | <b>(</b> )            |  |
| AMENDMENT C                                                              |                                                                      | REMAINING<br>AFTER<br>AMENDMENT           |                                  | PRE                     | MBER<br>/IOUSLY<br>D FOR        | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | TIONAL<br>FEE          |                       |  |
|                                                                          | Total                                                                | *                                         | Minus                            | **                      | -, -, -, -,                     | =                                       | X\$ 9=              | , , , , ,              | OR | X\$18=              |                        | 1                     |  |
|                                                                          | Independent                                                          |                                           | Minus                            | ***                     |                                 | =                                       | X40=                |                        | 1  | You                 |                        | 1                     |  |
| ₹                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                       |                                           |                                  |                         |                                 |                                         | A40=                |                        | OR |                     |                        | -                     |  |
| Γ                                                                        | · · · · · · · · · · · · · · · · · · ·                                |                                           |                                  |                         |                                 |                                         | `+135=              |                        | OR |                     |                        | _                     |  |
| 1 .                                                                      | If the entry in colu<br>* If the "Highest Nu<br>**If the "Highest Nu | ımber Previousiv                          | Paid For" IN T<br>Paid For" IN T | 'HIS SPACI<br>'HIS SPAC | E is less th<br>E is less t     | nan 20, enter "20.<br>han 3, enter "3." |                     |                        | OR | ADDIT. FEE          | <u> </u>               | -                     |  |